

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Dentists
HMOs and Other
Managed Care
Programs

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

Prior authorization is no longer required for any root canals for recipients under age 21

Effective immediately, dentists are no longer required to obtain prior authorization (PA) for molar root canals, *Current Dental Terminology* (CDT) procedure code D3330 or 03330, for Wisconsin Medicaid recipients under age 21. With the removal of this requirement, dentists no longer need to obtain PA for any root canal therapy for recipients under age 21.

Prior authorization not required for root canals on recipients under age 21

Effective immediately, dentists are *not* required to obtain prior authorization (PA) for the following root canal procedures when performed on recipients under age 21:

- D3310 or 03310 — Anterior root canal therapy (excluding final restoration).
- D3320 or 03320 — Bicuspid root canal therapy (excluding final restoration).
- D3330 or 03330 — Molar root canal therapy (excluding final restoration).

Documentation required for root canals on recipients 21 years and older

Prior authorization *is* required for the following procedure codes for root canal therapy performed on recipients who are age 21 years and older on the date of service:

- D3310 or 03310 — Anterior root canal therapy (excluding final restoration).
- D3320 or 03320 — Bicuspid root canal therapy (excluding final restoration).
- D3330 or 03330 — Molar root canal therapy (excluding final restoration).

When submitting documentation for PA of root canals, providers are required to submit one periapical X-ray of the tooth being treated and a minimum of one bitewing X-ray of each side of the mouth, along with the standard documentation listed in the Dental Handbook.

Information regarding Medicaid HMOs

This *Wisconsin Medicaid and BadgerCare Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients who receive their dental benefits on a fee-for-service basis. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.